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20277 7590 02/18/2004

MCDERMOTT WILL & EMERY
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/288,556	04/09/1999	J. PETER KLEIN	44033-080	7605

TITLE OF INVENTION: THERAPEUTIC COMPOUNDS FOR INHIBITING INTERLEUKIN-12 SIGNALING AND METHODS FOR USING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	$665	$300	$965	05/18/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAYMOND, RICHARD L	1624	514-263200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Nixon & Vanderhye P.C.
2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: CELL THERAPEUTICS, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY): SEATTLE, WASHINGTON

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee
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(Authorized Signature) (Date) May 18, 2004
William P. Gadiano Reg. No.: 37,136

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05/19/2004 WABRHAM2 00000099 09288556

01 FC:2501	665.00 OP
02 FC:1504	300.00 OP
03 FC:8001	9.00 OP

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